COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES MARCH 16, 2001 9:00 AM

MEETING LOCATION: ATTORNEY GENERAL'S OFFICE 100 NORTH CARSON STREET CARSON CITY, NEVADA

NO CONFERENCE PHONE ACCESS AVAILABLE

MINUTES

PRESENT: Frances Brown, MSN, MSEd, RN, Chair

David Ward, Vice Chair Eric C. Albers, Ph.D. Rena Nora, M.D. John Brailsford, Ph.D.

ABSENT: Joseph Toth, M.D.

Elizabeth Richitt, Ph.D.

STAFF Carlos Brandenburg, Ph.D., MHDS PRESENT: Debbie Hosselkus, LSW, MHDS

Mike Torvinen, ASO IV, MHDS Jim Northrop, Ph.D., SNAMHS

Larry Buel, Ph.D., RC

Marcia Bennett, Ph.D., RRC Stan Dodd, LCSW, DRC Harold Cook, Ph.D., NMHI

Rosie Melarkey

Betsy Neighbors, Ph.D. Cindy Pyzel, Sr. DAG

ALSO Yvonne Sylva, Administrator, Department of Health PRESENT: Jackie Crawford, Administrator, Department of Prisons

Ms. Mary Wolery, Yellow Ribbon Group Ms. Cindy Marchant, Yellow Ribbon Group

Ms. Lynn Carrigan, Nevada Public Health Foundation

Mr. Richard Whitley, Division of Health, HIV/AIDS Program

Mr. Mike Howie, Mojave

Mr. Jeff Engelke, Southern Nevada Advisory Board

Mr. Mike Doyle, MHPAC Mr. Jim Vilt, NDALC Mr. Jack Mayes, NDALC Mr. Les Gruner, DCFS Dr. Own Peck, Mojave

Ms. Teresa Anderson, DCFS Anna Uptergrove, NAMI Mr. Bruce Alder, DCFS

Tana Stigile, Public

Stuart Gordon, Northern Nevada Advisory Board

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CALL TO ORDER

Chair Fran Brown called the meeting to order.

APPROVAL OF MINUTES

Dr. Rena Nora asked for one more change on the 11/17/00 minutes. She asked that Dr. Herb Hendin's title be included in the minutes. She stated that Dr. Hendin was the Medical Director of the American Foundation for Suicide Prevention.

Mr. David Ward noted the date of the January 19, 2001 meeting minutes was incorrectly written as Thursday, and asked that it be changed to Friday.

MOTION: Dr. John Brailsford made a motion to accept the minutes as corrected. Mr. Ward seconded. Motion carried.

GOVERNOR'S APPOINTMENT OF CHAIR FOR THE COMMISSION ON MHDS

Dr. Carlos Brandenburg stated that Ms. Brown had been approved by the Governor as chair for the Commission.

He also stated that he hoped to have an appointment for the vacant position from the Governor in the very near future.

BUDGET UPDATE

Dr. Brandenburg distributed MHDS' Budget Presentation for Fiscal Years 2002 and 2003.

Mr. Mike Torvinen discussed the bed reductions at SNAMHS and NMHI. He stated that SNAMHS proposed an eight-bed reduction and NMHI proposed a ten-bed reduction, planning to move those monies toward community-based services. He expressed his appreciation for the Governor's support for this budget.

Mr. Torvinen also discussed the highlights of the Governor's medication formulary.

Dr. Eric Albers inquired about the bed capacity of the new Dini-Townsend Hospital. Dr. Brandenburg stated that the total bed capacity was 80; with 40 beds being filled now, with another wing planned for future growth.

Dr. Nora noted the two most common diagnosis is schizophrenia and inquired why the medication numbers did not compute. Dr. Brandenburg stated that MHDS serves many client who are not SMI. Dr. Nora also stated that pharmacy costs would increase and asked if there would be a budget shortfall. Dr. Brandenburg explained there was a 9.7% increase built into the medication budget. Mr. Torvinen stated MHDS averages the costs with the newer and safer medications. He reported the budget was looking pretty good in the south, however the north was falling short. Dr. Brandenburg reported that although the budget does not list it, about 2/3 of the medication budget for the rural areas was being subsidized by pharmaceuticals. Dr. Nora stressed the importance of treating the patients now as it saved money in the long run.

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Dr. Brandenburg referred the Commissioners to the Medication Report, stating the outcome measures and the quality of life has increased. He explained it was not cost avoidance, but cost shifting, creating more independence for all MHDS' clients.

When Dr. Albers made inquires concerning the FTE decreases. Dr. Brandenburg stated that vacant positions would be used and eliminated through attrition. There would not be layoffs. He stated that case management would remain at 45-1 on the DS side and 35-1 on the MENTAL HEALTH side. He also reported movement of clients to special beds in SLAs and of more residential placements in the south and rurals. The recycling back to the hospitals was due to the housing component, which has now been included in the budget.

Mr. Ward asked about the other funding sources in the next biennium totaling more that \$9 M. Mr. Torvinen stated it was client fees and other revenues, i.e., insurance, grant monies, etc. Mr. Ward asked how much was grant money out of the \$272 M. Mr. Torvinen discussed the TANF pool. Mr. Ward then asked Dr. Brandenburg to measure his comfort level with the projected budget. Dr. Brandenburg stated he felt comfortable with it. It is the Governor's intention to reduce waiting lists and that is being done in the agencies as well as the medication clinics. He stated that in the north, many clients were being referred to Mojave, which will help reduce the waiting lists too.

CORRESPONDENCE

Ms. Brown reviewed the letter that was sent to Dr. Toth, asking him to either attend the remaining meetings or resign.

DIVISION OF HEALTH

Ms. Yvonne Sylva reviewed information about the Division of Health and the projects being worked on in collaboration with other agencies. She stated that Public Health does nothing alone because it can't. It operates as the lead Public Health agency in the State of Nevada. Clark and Washoe Counties have a Public Health department for those urban areas; the Division of Health takes care of the rest of the state. There are no organized governmental agencies at the local levels to assist in the 15 rural counties. Public Health is charged with the job to serve 50% of the population and insure they have access to services. The goal is to work with MHDS in the rurals or at least in a pilot program. The intent is to maximize the ever-shrinking administrative dollar by integrating. Public Health is at work in all aspects of your life. We promote and protect the wellbeing of Nevadans and visitors to our state by preventing disease, injury and disability. In regards to community health services, we have county health nurses that travel hundreds of thousands of miles each year to serve the rurals. They are the focal point of the community. They are multi-task oriented, and go where ever the need arises in the rurals. 16% of our budget is general fund and it has remained the same for the past 10 years. What has happened is that the amount of federal funds brought into the agency has tripled. Public Health is prevention by and large. We are talked about when things are bad, not when things are going well.

Ms. Sylva discussed the Division of Health's organizational chart, as well as covered other health departments (HIV/AIDS and BADA). She stated they were working on dual diagnosis with MHDS. Another project in collaboration with MHDS is to deal with emotional losses or issues, citing the Fallon cluster of leukemia cases. MHDS is working with the families to help deal with their emotions. She also stated that the flood was another instance where the Division of Health worked together with MHDS. She stated a priority was a healthy community as a whole, not just physically, but emotionally as well.

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Dr. Nora asked about suicide and gambling, stating its importance. She reported suicide as a major Public Health issue, along with gambling.

Ms. Sylva stated she had been remiss in not mentioning suicide. It is not an activity that is done in isolation. Our community health nurses are also working on these issues in the rurals. We are not doing enough; the state needs to do some major work on that. We will work toward that. Ms. Sylva stated that BADA has had such a turbulent history. They have been shuffled from one department to another within the state. We are introducing legislation to institutionalize BADA into the Health Division, to eliminate the shuffling. This will insure people in our state with addiction problems will have access. We intend to maximize and work closely with MHDS. Gaming and gambling is a major addiction in this country, as well as tobacco use. She felt there was a real connection between smoking and drinking. Many of our treatment facilities are not smoke free, but felt they should be.

Ms. Brown inquired about the school nurses and how they worked with the Public Health departments. Ms. Sylva stated that in three of the rural counties, we have three community health nurses that do serve the schools.

Mr. Ward commented that 15 years ago he had the pleasure of using the Division of Health's services first hand. He applauded the excellent service provided. He asked about the waiting list and equivalent services in the rural areas. Ms. Sylva replied that the waiting list for diagnostic appointments in northern Nevada is one week, but may go to two weeks in the next biennium. Intervention on treatment services range from three-four weeks. In southern Nevada, waiting lists are much larger due to the population growth. This next biennium there are fewer dollars earmarked for that. She did state that specialists were coming in to assist in utilizing Medicaid.

Dr. Albers noted that some of the clients served by Public Health were also served by Welfare, DCFS and MHDS. He asked if Ms. Sylva was aware of how this affects families as a whole. Ms. Sylva responded that Public Health is trying to get a handle on where the money goes. Work on that first to see if we are paying for administrative charges more than once through grants, etc.

Dr. Albers wondered if there was some way to bring this all together. He asked how the Division of Health saw the Commission's role in working to help. Ms. Sylva replied that the Commission should continue to support MHDS and continue to push to creatively pull the community together to centralize services. She stated that if you snooze, you lose.

Dr. John Brailsford stressed the coordination of services, stating Public Health nurses and therapists could be the eyes and ears for one another. Ms. Sylva stated that was no problem in the rurals, but the larger the population, the harder it becomes. Dr. Brailsford was pleased that BADA found a final home in the Division of Health, however with the dual diagnosis issue, he felt it perhaps should be housed in MHDS. Ms. Sylva stated there was much discussion on this issue. It does not mean we do not have permission to not coordinate to the maximum.

Dr. Brailsford then noted that the Division of Health's federal dollars were 50% of their budget, while MHDS' was 23%. Ms. Sylva reported that the Division of Health maximized every federal grant available. She further stated that you must have staff to manage it and be able to do something with the grant once it is received. Staff may not always have time to manage it. BADA has applied for one grant in partnership with MHDS, and will be applying for more, as we must aggressively pursue

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the federal dollar. We do not have staff that is dedicated to grant writing. There are staff that write grants, but have no grant management positions within the Division of Health.

Ms. Sylva stated that the Division of Health also had some tobacco settlement monies, plus rebates from WIC for formula from Gerber.

DEPARTMENT OF PRISONS (DOP)

Ms. Jackie Crawford, Director of the Department of Prisons (DOP) introduced herself and outlined her background. She stated that DOP was funded 100% from the state's general fund. The goal is to build coalitions and open the DOP into a more treatment-centered environment to work with other agencies. She stated that the Prison system was the eighth largest city in the State of Nevada, with 8.000 inmates and 2.500 staff. DOP has three mental health units - Southern Dessert Correctional Center, Northern Nevada Correctional Center and one in Ely. There are a large number of mental health components being addressed. In the prison population, there are approximately 1,440 with mental health disorders. The average age of the incarcerated is 36, serving an average of five to six years. Offences range from violence to drugs. 87% have a drug related problem. We are building substance abuse components. With the "Department of Corrections" name change, we are headed in right direction with an appropriate tone. There is a need for accreditation to meet national standards to set tone and manage our prisons toward a strong correctional system. The diverse population includes the youth offender and the woman offender. We have formed a task force to look at other alternatives for the woman offender, of which many are incarcerated due to drug related crimes and activities. There is no reentry program for our people. As we begin to look at our Department of Corrections, we will form an offender management system to include treatment and programs management. With this new organization, we will have a flow of services from intake to parole. Ms. Crawford stated that she has been in her position for only seven months. She stated that she is strongly focusing on substance abuse and addictive personalities. Due to the diversity in the population, there is a very small but growing HIV contingent. We are forming a partnership with HIV Outpatient Program, Education and Services (HOPES) to assist us, as well as MHDS. We are looking forward to these partnerships. Collectively, corrections is everyone's problem. We hope that what we are able to do with program and services that we are contributing our portion for a safer community. She further stated that we can't send someone out of the prison system with \$20 and the clothes on his back and say good luck. We must collaborate with other agencies. We need a one stop shop component, whether prisons or mental health. Where can they go and what kind of services are available for them. What we teach them to live in the institution, once we release them: they are confused, as it does not apply. Therefore, they have a low tolerance level and we have high recidivism rates.

Ms. Brown inquired about the 87% of the population having addictions. Ms. Crawford stated that primarily it was substance abuse.

Dr. Nora asked Ms. Crawford what she thought of the mental health court. Ms. Crawford replied that she thought is was excellent. She states she was sure that some of these folks we are incarcerating do not belong there. The goal is to look to alternatives; we need a community corrections act. She stated she would advocate for one next year.

Dr. Albers noted the high number of single parents that are incarcerated. He asked what happened to the kids of these parents. Do they end up in the system later on? He noted a lot of fragmentation and asked if kids had contact with their parents. Ms. Crawford replied that depending on the parents,

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they breed generations for our prison systems. It is not always the offender that is punished, but the family and kids. Historically, visitation is high. There are middle class people coming in to visit with broken hearts, they are very educated. Today there is a different level of constituency. There is a strong foundation for the offender today. Foster kids, once they are separated from the family and are transferred from pillar to post, begin same cycle as the parent. The task force is looking for alternatives being utilized in California, Florida and Oregon. In some states, the woman offender has legal custody of the child, with only substance abuse issue or related crime, the whole family goes to a community-based center and the whole family is treated. Dr. Albers commented that a five-year absence is huge and asked how they integrate rehabilitation with incarceration today. Ms. Crawford stated her hopes to create a system whereby they go into a structured environment, work their way through prison toward a more community level in a transition center in the community. Today they are being released without integration. There are many individuals that will never make it. Some should never be out. However, judges and laws have sanctioned that. If we have a transition component, we can identify many problems early on. Dr. Albers commended Ms. Crawford's vision.

Mr. Ward asked what the recidivism rate was. Mr. Crawford stated that very good statistics are kept; the average 40% hard core across the board reenter in a two-year period. In the female population, the violation rate is 70%. She stressed the need for substance abuse treatment to be in place.

Mr. Ward asked if all juvenile facilities fell under DCFS. Ms. Crawford said yes. She stated that when a juvenile is certified as an adult, it has to be a horrendous crime. We have been approached for youthful offender program and will have a panel review that.

Ms. Brown asked about the medication treatment for those evaluated and diagnosed with mental health problems and whether or not the new generation medications were being used. Ms. Crawford stated she did not have that information with her but could get it.

ACTION: Ms. Crawford will ask Dr. DiAmico for a report on the new generation medications.

DCFS

Mr. Steve Shaw stated he had no formal budget presentation, but that he would present it at the next meeting. He did report on increases in children's resources this year, as well as a 50% increase in foster care rates. He stated the increase would bring Nevada from the bottom 1/3 to the top 1/3 in the US. He stated that 39% of the kids being dealt with (out of 4000) are diagnosed as seriously mentally ill. DCFS is losing 100% of their foster homes every 12 months. It is an impossible situation. Kids placed in foster homes have significant issues. Caseloads have been reduced to a ratio of 1-28. \$6 million in children's mental health, outpatient services and rehabilitation dollars is a major expansion. What the \$6 million does not cover are the kids outside of the system. DCFS has a category in their budget entitled "Voluntary Mental Health." That is the door to get in if you wish to keep your kids at home, but it is being decreased every year. We have applied for federal grants for a new wish program, whereby we deliver clinical services to kids in preschool and at the Head Start Centers. This four-year grant will run out in June of 2001. The formal evaluation comes out in October, which does DCFS no good for this biennium. DCFS has partnered up with Welfare through the Child Care Block Grant Program. They are trying to do this without the state's general fund. Mr. Shaw stated he was not proud of federal monies that come into DCFS' biennial budget, as it is a federal commitment rather than a state commitment. Federal monies require match and general funds cannot meet the match.

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Desert Willow Treatment Center (DWTC) is DCFS' 56-bed facility in Las Vegas. It is a JCAHO accredited psychiatric facility for adolescents. However, in the last survey, the staffing patterns fell short. They had a surprise visit and were deficient on number of staffing personnel. It is a fundamentally great program, but does not have enough staff. DWTC had to temporarily decrease their population to 37 due to the acuity levels.

Dr. Albers asked if the population were strictly adolescents from the South. Mr. Shaw stated that the majority were from the South, however, it is a statewide facility. Dr. Brailsford asked how children from the North were referred. Mr. Shaw stated that most of them came to DWTC though one of DCFS' clinics.

Mr. Shaw then discussed AB 15, Kinship Care Bill. If a grandmother or an aunt is taking care of a child, they could access help through TANF, giving them the same rate as foster care for one child. However, they only get an additional \$40 for the second child and an additional \$50 for the third child. DCFS is working on a program to increase the rates for more than one child.

AB 343, Integration of Child Welfare Services. Mr. Shaw stated it looked as though this will happen and that it dealt with setting up a Mental Health Consortium. Ms. Debbie Hosselkus distributed copies of part of AB 343 to the Commissioners.

Mr. Albers expressed his concern and his wish to know more about the Mental Health Consortium. Mr. Shaw stated it came from a consultant hired by DCFS. It is an attempt to get people and communities involved in kids, bringing money to the table along with state money.

Ms. Hosselkus stated that AB 343 specifically stated that a mental health representative from the rurals would be on the consortium.

Dr. Albers noted that there was no coordination in AB 343, that there was too many fragment bodies with nothing to bring it together.

Mr. Shaw stated that DHR should coordinate all that. He referred to the administrative efforts of the DHR office, stating they have included, as pat of their executive budget, a grants unit at DHR.

Dr. Albers stated that it still never gets to the line staff.

ACTION: Mr. Shaw will give an update on AB 343, as well as a full budget presentation at the next meeting.

YELLOW RIBBON GROUP

Ms. Mary Wolery, Counselor with Douglas School District, introduced Ms. Cindy Marchant. Ms. Marchant stated the Yellow Ribbon Group developed under sad circumstances. She lost a son to suicide. He was 13 and had just completed the 7th grade. Following her son's suicide, her husband had the foresight to get them connected with a therapist and a support group. The therapist gave them an article regarding a yellow ribbon group. She further stated they received quite a bit of money when their son died, and they weren't quite sure what they wanted to do with it. They placed an article in the local newspaper and were in touch with Dr. Brandenburg. Dr. Brandenburg had suggested that she not rely on the newspapers, but to get on the phone and call. She called everyone she could think of, including churches, fire stations, etc.

Ms. Wolery stated she had learned about the yellow ribbon program that began in Colorado, developed by Dar and Dale Emme. She distributed the Yellow Ribbon Lifeline card, stating the Emmes supplied the cards. There are often times that people need help but cannot ask for that help. The card does not require words. The backside of the card contains instructions to receiver. Ms. Wolery stated that Douglas School District ran out of their supply of cards as students were taking them for family and friends. An in service training was provided for people likely to respond to youth who cam forward. The Douglas County Yellow Ribbon Group brought in community folks and introduced then to students. This outreach was very successful; it reached 3500 secondary students. We did not want it to end. When school reconvened during 1999 –2000 school year, the working committee became a task force, as we wanted to expand. It was not just students who were committing suicide. Of 800 kids in Ms. Wolery's Douglas school, there were a dozen students who lost parents to suicide. They formed a panel of students; some of who attempted suicide and got beyond that and some were peer resource students. We discussed signs and symptoms and how to encourage youth to come forward if someone was suicidal. We started receiving phone calls from community service and church youth groups and adults as well. We addressed community awareness to recognize signs and symptoms for both adults and seniors. Booths and banners we erected at all functions. A series of articles were run in local newspapers. We made presentations to senior care givers and care giver groups. Senator Ann O'Connell is introducing legislation, and Ms. Marchant will be testifying. She stressed the need to coordinate better as EMTs are often the first responders. Ms. Wolery reported that Dr. Albers attended one of their meetings to talk about the research center's grant that is being funded by UNR and the research center's wish to use up-to-date information. Ms. Wolery stated they were a varied community, comprised of many community agencies and churches, sheriff's office, juvenile and probation. Once you hand out the cards, students start coming out of the woodwork. Students' friends were bringing in their friends. School counselors became swamped, so we began referring them to Douglas Mental Health. We've been in contract with them to provide a therapist for the past two years. It is certainly a step in right direction, but it's not enough. She asked, "Does a program like this work?" Then responded that there were no statistics yet, but yes, she felt it was working. She concluded that a pastor shared that an adult came into his office and handed him a crumpled card and he had not attended any of our presentations.

Dr. Nora stated that Douglas County was the only community that has demonstrated that a community can come together and make it work. She felt they would be receiving much focus now.

Dr. Albers asked if this set up the pilot to go to other rurals to share and asked Dr. Larry Buel if he noticed an increase in caseload.

ACTION: Dr. Buel will provide caseload data to the Commission at the next meeting.

Dr. Albers felt it would affect communities as a whole, including adults and seniors. He asked if the program went to Washoe and Clark Counties, would DCFS pick it up.

Dr. Nora stated there were eight survivors for every completed suicide, and commended Ms. Wolery for identifying the need and contracting with Douglas Mental Health.

Dr. Albers asked if there was any resistance, since Douglas County is a conservative area.

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Ms. Marchant responded that they set up a booth at a medical health fair, offering free flu shots to seniors. They have a bold yellow suicide prevention banner. The seniors would take a look at the banner and they would veer off. Seniors tend to be in denial that they have a problem.

Ms. Wolery stated that when students come forward, they are mandated to contact the parent. Frequently, parents are in denial as well. They justify our concerns by stated they were in a fight last night and that their child is not really suicidal. Parents are not following through. Child and Family Services have an overload as well, so if it reported to them, they do not always get the help they need.

Dr. Brailsford recommended that in the script to the parents, you must give them the map of how to handle it. If a parent hears that, they don't have to come up with excuses. Just that they should do as suggested. You could say failure to follow through can constitute a form of neglect.

Ms. Wolery expressed her hope that such an approach would work.

Ms. Pyzel stated that there was a provision in Nevada law that deals with minors' disabilities. It is a delicate area, but it does allow kids to access services without parents' permission.

Dr. Albers asked if that information was confidential, that the first thing the kid will ask is if you are going to tell my folks. Ms. Pyzel stated it allowed that certain clinical information is confidential.

Mr. Ward thanked the ladies for their presentation, stating he would like to see the Yellow Ribbon Group grow and flourish throughout the state and country. The side benefit is that it may help with the nation now grappling with huge issue of terrible violence in our schools. Suspect that many violent kids suffer from depression prior to getting to that point. Douglas County may have a good start on the answer.

Ms. Marchant reported that after the Columbine shooting, the Emmes were called into many, many schools. She further stated her son was a victim of bullies at school. She felt it worked both waysrisk factors cause them to become a victim or perpetrator or turn to substance abuse.

Dr. Albers recommended they operate within a coalition. He said BADA was going after federal funds for substance abuse, violence, etc.

Ms. Wolery stated they were funded with a BADA grant and a Burn grant. Partnership acts as financial umbrella for the Douglas Yellow Ribbon Group. This enables us to do part of that kind of connection.

NEVADA PUBLIC HEALTH FOUNDATION

Ms. Lynn Carrigan stated the Nevada Public Health Foundation was a private, non-profit corporation that forms partnerships for unmet community needs. She reviewed the Suicide Prevention Grant proposal and discussed the five-part program:

- 1. Adopt a statewide suicide prevention strategy for Nevada
- 2. Develop a model community program to establish local suicide prevention and intervention programs throughout Nevada

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- 3. Implement a universal training program to screen for individuals at risk for suicide and refer them to mental health or other appropriate services
- 4. Assist in addressing the increased need for mental health treatment services that will be created by statewide suicide screening
- 5. Promote public awareness that suicide is a public health problem and, as such, many suicides are preventable

The program would include a resolution, as data indicates, for the Legislature in the 03 biennium. It would also include suicide screening in coordination with Dr. Larry Buel's Rural Clinics, using the Question, Persuade and Refer (QPR) method. Training would occur in all aspects, followed by outreach to community-based programs. However, there is a concern that if we do this, we will inundate mental health. We are proposing to engage a consultant to assess the need that will arise. We will provide mental health services with some documentation and solid numbers that will help them attain additional funds to meet the needs. It is pointless to screen if there is nowhere to send the referrals. Crisis work certification is available. We will promote public awareness; a two-hour media seminar will be done in both the north and the south. We are looking to develop service capacity in our new suicide prevention agencies and provide them with part-time staffing.

Dr. Nora expressed her pleasure in hearing about the Nevada Public Health Foundation. She stated that training of all clinicians and staff of mental health agencies; most trainings relate to mandatory sexual harassment prevention and safety, but not suicide prevention, with the exception of SNAMHS. She expressed the need to call to the attention of the Training Department that clinicians need this training. Over half of completed suicides had seen their clinician within the past month or so. To implement, it is important to include everyone at the table.

Larry Buel stated he was happy to corroborate with Ms. Carrington Lynn. He stated he had also been in communication with Dr. Paul Burnet, QPRT program. There is a hope that Eli Lilly will help sponsor these programs. The committee on suicide will make a strong recommendation to MHDS to look seriously into this program in order to help pay for it. It doesn't sound like that much really, but when you look at our budgets, it is a lot. Perhaps with some other block grant dollars, we will see some actions.

Dr. Albers asked if the Foundation worked with crisis call center. Ms. Carrington stated that they did and that Washoe County probably had more suicide prevention than anyone else in the state, but that it was still pitifully small. She further stated that she had placed many calls to the suicide prevention center, but had received no return calls, as they are not program oriented. Dr. Albers remarked on the fragmentation again. He suggested to Ms. Carrington that as she took the lead, she should attempt to bring them in. Certainly you should want them on you committee. There are not that many players out there and they should all get along.

Dr. Nora also recommended that Ms. Carrington call Dr. Fields who heads up the Suicide Prevention Research Center. Dr. Nora said they were undergoing reorganization, and had only one year remaining on their grant before its lifetime lapsed. They need a group to give them demographics, as they do not yet have a great deal of information. Ms. Carrington stated she would encourage them to become involved.

ACTION: Dr. Nora will be meeting with Dr. Fields this week and will bring information back to the Commission.

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Dr. Albers stated that he and Dr. Brandenburg were members as consultants to that group, but that the group had not had meetings of late.

HIV/AIDS PARTNERSHIP WITH RURAL CLINICS

Mr. Richard Whitley discussed the coordination between MHDS and the HIV/AIDS. He stated that he was pleased the coordination began prior to funding, so it went smoothly. It is falling into some structure. Federal funding requires decisions based on data. Priorities are set by community stakeholders, as well as providers, but must use data to do that. Those that are tested positive for HIV have a high rate of substance abuse and mental health issues. What is this data telling us about the mentally ill? If we could intervene with that population, prior to them becoming infected, we would save resources of those who would have to pay later. He related a story of a woman who was incarcerated for prostitution and, through prison system, was diagnosed with schizophrenia. We are looking outside of our own database to intervene. We are linking mental health clinics with the community health clinics, giving us the ability to refer clients back and forth and to conduct HIV and STD screening. MHDS has set a priority for us to fund computers and technology to link mental health referrals. The project has grown to link with others and will lead to continuity of services. The ideal goal is to be able to get complete data and a complete mental health profile. Yvonne Sylva, Division of Health, has allowed and encouraged us to research the person, not the funding. This may not be the presenting issue, but it is certainly a big part of it. Linkage outcome is to help Dr. Brandenburg provide a more detailed profile of the mentally ill and obligate the mental health program to provide services for those wrap-around services. Mr. Whitley thanked the Commission for the invitation and stated that the outcome he could provide over a period of time would be the profile and how their programs are providing the needs.

Dr. Nora stated HIV and related conditions in seniors are experiencing a huge increase and that it was not just due to Viagra. Denial and ignorance are a large part of it. Our 60 year olds today are not the same 60 year olds of 50 years ago.

Mr. Whitley commented that after a three-year decline, this year we are seeing an increase, especially in the gay population, as well as the older gay population. The data is revisited each and every year. Prior to sending off our grant, all community players must sign the grant as well. He stated he was looking forward to being able to help on the mental health side with data to fill in profiles for MHDS.

Dr. Brailsford thanked Mr. Whitley for his valuable role in helping people stay healthy and commented on how interesting it was to see how physical and mental health are so closely related.

Mr. Whitley stated that the mechanism for coordination was combining the people who deliver the services with the those funding the services. All resources should be used, and federal funding must be pursued, since the HIV/AIDS Program could not be of help to MHDS without it. We are doing this with existing funding, not new funding.

RESTRAINT/SECLUSION

Dr. Nora asked Dr. Rosin how the one-hour checks were done. Dr. Rosin stated that MHDS was in compliance with one-hour checks. There has been only one instance where it was missed, due to a battery failure.

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Ms. Pyzel asked the Commissioners to check their denial packets and note that most reports involve incidents that do not involve a lot of doctor over sight. She stated that most were takedowns and assisted escorts.

Dr. Brandenburg stated that MHDS places the emphasis training and information. We are really impressing upon our staff that it is not a treatment modality. We inform them there are other ways to intervene with a client. When they have to resort to seclusion/restraint, we ask them to take a look at the variables of what was missed to lead up to a seclusion/restraint.

Dr. Rosin stated that it was considered treatment failure when seclusion/restraint must be used. We will deal with this issue at each and every meeting to keep an eye on it. We do know that women and men, who end up in hospitals, have sexual abuse issues. We will use different techniques to see what works for each individual.

Dr. Brandenburg stated that national literature is very clear concerning trauma. If someone is placed in seclusion/restraint, it exacerbates the problem. We must make all caretakers aware.

Dr. Nora expressed the importance of education for everyone. She noted, for example, the training program for all facilities as noted in the training report, it is not a required topic for NMHI.

Dr. Brandenburg stated that NMHI may not have done the training in this quarter; however, it is policy that all facilities do training in this area.

Dr. Nora questioned whether or not the instances of seclusions and/or restraints have to do with the population or with the staff's tolerance level.

Dr. Brandenburg stated that MHDS does an analysis of all seclusions/restraints and takes steps to alleviate it with the data collected. Agency directors use the data as a management tool.

Ms. Pyzel stated that the reporting forms were used as client awareness as well.

MOJAVE

Mr. Mike Howie distributed Mojave's brochure and gave a brief history of Mojave Mental Health. He invited the Commission to meet at his facility when meeting in Las Vegas, stating Mojave had several facilities in Las Vegas and one in Reno.

Dr. Albers stated that he was confused as he thought social workers were not allowed to bill Medicaid.

Mr. Howie explained that Mojave was affiliated with the School of Medicine, stating it was a public, non-profit, rather than a private, non-profit organization.

Mr. Stewart Gordon, Northern Nevada Advisory Board stated that dialog had begun on certain issues and recommendations on these issues would be forthcoming. The issues include:

The opening of Medicaid contracts to licensed Clinical Social Workers and Marriage and Family Therapists not in the employment of the State (State LCSWs and MFTs are currently able to receive

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Medicaid reimbursement). This dialogue will look at impact on existing programs and local providers and the need for services.

Dr. Albers asked what the impact would be on state agencies. He felt we could enhance accessibility for clients, as Mojave cannot accommodate all of them.

Mr. Howie stated that Mojave would like to serve the severely mentally ill; however, the Division is only referring medication clients that have Medicaid.

Mr. Gordon stated that perhaps the best route was through accredited agencies.

AGENCY DIRECTORS' REPORTS

Ms. Brown asked the directors if they liked the new forms. All responded positively.

Mr. Ward asked Dr. Harold Cook, NMHI, about the issue of "renting" doctors.

Dr. Cook responded that NMHI had four locum tenens working at the agency. In the next three months, four doctors will be coming to work as permanent employees. He stated that recruitment was continuing, but that it was still difficult, both region-wide and nation-wide. Another avenue NMHI will be approaching in the next two months is changing the way we allocate psychiatric services. We will perhaps have doctors follow patients through the system, rather than having inpatient and outpatient doctors. This would give us the flexibility of moving doctors where they are needed. We have 5-½ permanent positions and four locum tenens.

Dr. Brandenburg stated that MHDS had medical leadership now. He also stated that we now have the Northern Medical Director position filled at NMHI. The Psychiatric Advisory Committee has offered to help us recruit doctors. In Sacramento County alone, their vacancy rate is 35%. Their starting pay is over \$160,000, we pay only \$115,000 – \$130,000, with malpractice insurance included in the state wages. Private physicians make \$150,000 – \$200,000, depending upon how busy they are.

Mr. Ward stated he liked Dr. Cook's idea of having the doctor follow patient.

Dr. Northrop, SNAMHS, reported he had seven permanent positions and seven locum tenens. He stated that within the hospital system, the same doctor followed the patient. Re-admits are also assigned to the same doctor they had before.

Dr. Brandenburg stated that PACT also used the same doctors and nurses for their patients.

Mr. Ward inquired about the high turnover rate in the PACT programs.

Dr. Brandenburg responded that it was due to client – personnel ratio being much too large. He stated that MHDS was trying to bring in additional staffing to PACT as well as BADA counselor and moving some other staff to PACT.

Dr. Albers stated that the School of Medicine trained psychiatrists, and that they had state incentives for them to go to the rurals. He asked if MHDS was utilizing them at all.

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Dr. Rosin responded that NMHI has been a training ground for many years. He also reported that Dr. Thienhaus had plans to bring the residency program to the south by 2003.

Dr. Nora reminded Dr. Rosin that for an agency to qualify for the residency program, it must be an accredited agency.

Dr. Brandenburg reported that Dr. Northrop had already done the pre-JCAHO accreditation. It should be completed by 2003. He reminded the Commission that NMHI was already accredited.

Dr. Nora stated the residency program was quite strict about dispersing trainees over the state. The site must be no more than two hours from home.

Dr. Brandenburg stated there will be two separate training sites.

Dr. Albers asked where the residents went when they graduated.

Dr. Brandenburg replied that some stayed to work for MHDS, while others went into private practice. He said that some went to the prison system.

Dr. Cook stated that NMHI would be hiring a resident in July.

Dr. Brandenburg reported that those residents completing the residency program tended to stay in the community. LCC has a psychiatrist on board that completed his residency there.

Dr. Albers stated that retaining psychiatrists was another issue. He asked if we allowed flextime.

Dr. Brandenburg acknowledged Dr. Albers reasoning, however, it is the same issue Social Workers Nurses, etc. face. We must be careful not to create a select class by not offering it to others.

Dr. Albers asked why it wasn't changing since the Governor was aware of the problems.

Dr. Brailsford asked why MHDS couldn't hire five positions at \$65,000, rather than eight positions at \$35,000.

Dr. Brandenburg reiterated that the powers were aware, but that it was an on-going process.

Dr. Albers thanked Dr. Cook for letting his class tour the Institute.

MHDS ADVISORY BOARDS

North

Mr. Stewart Gordon reported that the Northern Nevada Advisory Board had spent the last few months defining what they can do for the Commission. It was noted that the Board lacked members from the rural counties, which disenfranchising them as a whole. The Board wants to include the rurals. He stated the next meeting would be the second Tuesday in April at NMHI.

Ms. Brown stated the Commission was reviewing the bylaws of the advisory boards.

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South

Mr. Jeff Engelke reported that the Southern Nevada Advisory Board met recently to review the budgets from various agencies. They will write letters supporting both DCFS and MHDS budgets. They will also support provider rate increases and SCR 3 (Senator O'Connell's bill).

MENTAL HEALTH PLANNING ADVISORY COUNCIL REPORT

MHPAC report distributed.

NDALC

Mr. Jim Vilt reported that two federal acts have been amended to increase NDALC's ability to provide services in the community. Now they can serve both mentally ill and developmentally delayed people. He stated NDALC was doing more outreach now.

NDALC is facing many priorities and they are in the process of deciding on which. The are trying to meet the needs of the south's homeless community. They have been hearing about the shortage of case managers and the police's interaction with folks with mental illness. There is a growing issue of the police bringing high or drunk individuals to the ERs on Legal 2000s. This clogs the system and keeps those who have mental illness from receiving services.

Mr. Jack Mayes spoke to the administrative point of view. He reviewed the ticket to work grant money. He also spoke of education on return to work, and Social Security overpayment when you return to work. NDALC added a ½ time advocate in Las Vegas and will bring on a full time position in Reno. The will develop a three-year plan for their agency and would like the Commission's input, especially concerning systemic issues.

Dr. Nora stated that the Commission would be a willing partner.

Dr. Albers asked why NDALC had not mentioned Olmstead.

Mr. Mayes stated that the Olmstead issue had not gone away, but since the state is taking action, NDALC is willing to wait. He stated that Charlotte Crawford was working on a plan.

ACTION: Dr. Brandenburg will provide a copy of Charlotte's plan to the Commission.

Dr. Brandenburg stated that Charlotte Crawford was looking for people to serve and if any of the Commissioners were wanting to participate, they were welcome. He reported that some of the subcomponents were the Strategic Plan and Methodology for Provider Rates.

Dr. Albers stated that the Commission members had not seen the plans, so therefore did not know how to respond.

Dr. Brandenburg stated her plan is to bring in a consultant to meet with stakeholders to develop the plan.

Mr. Mayes reported that the state has agreed to do a self-evaluation, as well as address the issues from the court decision. NDALC is of the belief that this is an effective way to address the issue.

ACTION: Dr. Brandenburg will send MHPAC information to Mr. Mayes.

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TRAINING REPORT

ACTION: Dr. Nora recommended that if we have major health problems, the training should also reflect that. Suicide prevention and violent assualtiveness should be included in the training criteria.

MHDS POLICIES #3.006, #1.013, #4.014 AND #5.014

Dr. Brandenburg submitted the policies for approval.

ACTION: As policies change and are submitted to the Commission for approval, please highlight the changes.

MOTION: Mr. Ward made a motion to accept the policies. Dr. Nora seconded. Motion carried.

RURAL CLINICS COMMUNITY OUTPATIENT SERVICE MAP

Dr. Larry Buel submitted the rural clinics map as requested.

Dr. Albers asked if the unbifurcation bill affected the rurals.

ACTION: Dr. Buel stated that it came as news to the Rural Clinics. He will study it and respond.

Ms. Pyzel stated that the Attorney General's office was still trying to anticipate the impact.

Dr. Brandenburg stated that in that particular bill they addressed the creation of a mental health consortium. When we looked at the bill, we didn't know how that interfaced with the Commission.

Dr. Albers stated that when he asked Mr. Shaw if there was an effort to move DCFS away from the Commission, he said no.

Dr. Brandenburg said the bill would be given to Dr. Buel for bill analysis.

Dr. Albers expressed his concern in this as a red flag. It was brought up to Mr. Shaw and he ran. We must address this as it affects the coordination and synchronicity of mental health.

Ms. Pyzel stated that the initial reaction is that they are going where you, as a Commission, are already.

ACTION: Ms. Hosselkus will include this bill in the MHDS tracking sheet.

ACTION: Dr. Albers asked Chairman Brown to contact Barbara Buckley concerning this bill. Mr. Ward expressed his agreement. He also stated that it would be perfectly acceptable to contact Sheila Leslie and Randolph Townsend, as they may have some insights and may have more influence than the Commission.

He asked that discussion of this bill be deferred to the Round Table.

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DEVELOPMENTAL SERVICES RESPITE SERVICES REPORT

Mr. Stan Dodd referred to the report in the Commissioner's packets. He stated that MHDS applied for a respite grant, as suggested by Dr. Albers. Today, we were awarded \$65,000. Stan thanked Dr. Albers.

Mr. Ward commented on the planned number decreasing.

DEVELOPMENTAL SERVICES PROGRAM EVALUATION: PERSONAL OUTCOMES AND SATISFACTION

Ms. Rosie Melarkey and Dr. Marcia Bennett presented the report, referring to the insert in the Commissioner's packets.

Dr. Brandenburg stated that DRC has been accredited for the past 3 years. RRC and SRC are in the process of getting accreditation, as well as our hospitals.

Dr. Nora stated that there had been a change in council standards to achieve accreditation.

Dr. Bennett reported that they had reached 30 in 1998, so when the council dropped the requirement to 25, our percentages increased. We pushed the person-centered concept statewide, telling our staff, that to provide services, the person must be involved.

Dr. Albers asked who chose to have these people interviewed. Dr. Bennett replied that the regional center chose the folks. Some are new to system and won't be interviewed. These are people who are receiving residential services.

Dr. Albers asked if MHDS planned to use this report as a treatment plan tool. Dr. Bennett said yes.

Dr. Albers thought he remembered that the Commission had just passed a policy on data quality outcomes. Dr. Brandenburg stated it had just been approved on the mental health side, and more specifically, for service systems such as case management. Dr. Albers stated the beauty of the Access database was that it could be updated at any time.

ACTION: Dr. Brandenburg will have the mental health folks present some of their outcomes at the next Commission meeting.

Mr. Ward was concerned about people being surveyed who were receiving developmental services, as most of them cannot communicate effectively. He stated it was substantial populations and asked if the outcomes desired by the family were considered.

Dr. Bennett said family desires were considered, however the method of discovery may be different. We placed more reliance on interviewing those who know the client best. Sample is throughout the population without considering communication or IQ level.

Mr. Ward asked what it meant that people use their environments. Dr. Bennett replied it meant that those that have access to turn on or turn off the lights, closets, etc. If they had access to their bank, their own money, car, etc.

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Mr. Ward noted the drop in people experiencing continuity and security. Dr. Bennett stated the drop was partially due to the inclusion of things like having life insurance, burial insurance and perhaps turnover as well.

MENTAL HEALTH COURT UPDATE

Ms. Pyzel distributed a copy of the BDR and stated she would be submitting a bill analysis on this issue, which she thought would be heard in April.

ACTION: Ike will distribute copies of Judge Breen's final report to Commission.

STRATEGIC PLAN

Ms. Charlotte Crawford was not available.

LEGISLATIVE UPDATES

MHDS

Ms. Hosselkus again stressed she would send full copies of AB 343 to the Commissioners.

She stated that Ms. Brown completed an analysis on SCR 17 regarding eating disorders. She reminded the Commissioners that if they do give testimony, DRH would like a copy of the testimony prior to the testimony date.

Ms. Pyzel explained why we track certain bills. Dr. Brandenburg explained that we don't always have access to a BDR until it is converted to a Senate Bill or an Assembly Bill.

When questioned about SCR 17 and whether or not it was a bill, Ms. Pyzel stated that typically concurrent resolutions end up sailing through the session. They usually ask for studies, rather than changing the law.

MHDS REPORTS

Dr. Kevin Crowe stated the Quarterly Report, Annual Report and Medication Report were distributed to the Commissioners to study at their leisure.

Dr. Brandenburg stated the Medication Report would be amended. We are awaiting the Psychiatric Advisory Committee's final guidelines, which will be included in this report as a second chapter.

ROUNDTABLE

Dr. Brailsford noted that bifurcation was not discussed today.

Dr. Albers stated that a large part of AB 343 had to do with bifurcation. He noted section of 154; Chapter 433 (b) of NRS is hereby amended, which deals with children and the Commission as having jurisdiction over mental health programs. Section 125 will be an amendment to 433 (b). That is the consortium that is being formed. He further stated that when you open a statute for change, the whole statute can be changed.

Ms. Pyzel stated that the Commission is a creature of the NRS 232 and 433, which are not mentioned. This bill does not talk about that. She stated her immediate concern is that it's redundant to what the Commission already does. It should not curtail your activities. It does it with focus on

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children in custody. Perhaps it's an outreach. She stated she had yet had a chance to review it thoroughly.

Mr. Ward asked who was involved and who would report annually and submit plans to DHR. Thought it should also be submitted to legislative committee on children youth and families. He further stated he was not sure that area of treatment wouldn't benefit from a specific group looking at this specific issue. He wondered if they also could submit to the Commission for review as well. He felt the Commission could only do so much, and perhaps they could use the help.

ACTION: Dr. Albers would like to see Washoe and Clark Counties' social services directors present to the Commission next time.

Dr. Brailsford again mentioned the Commission's thought that rather than flying the north to the southern meeting and the south to the northern meeting, he thought it would make more sense to have the north stay in north and the south stay in the south. That way the Commission could deal in more depth with each region respectively.

Dr. Brandenburg stated that the only reason he brings them is for the denials, as well as for open communication.

Mr. Ward thanked Dr. Brandenburg for the excellent presentations and for setting it all up. He thanked him for the meetings with the Legislators as well.

Ms. Brown stated she was feeling the crunch due to the large number of presenters today.

Dr. Brandenburg further stated that he felt it was important for his staff to hear what the other agencies had to say, including the Department of Prisons, Division of Health, the HIV/AIDS Program, and the Yellow Ribbon Group. He stated he wanted to give them the entire picture, and asked the Commission not to bifurcate it.

Dr. Albers stated he met with Ms. Theresa Anderson, Deputy Director for DCFS. She wants to present at the next meeting regarding the federal bill ASFA. It would mean that if a single parent goes to prison for five years, the feds say they have to start the termination of rights within so many years, that no matter how much the incarcerated parent wants to maintain custody, they will not be able to.

ACTION: Ms. Theresa Anderson will present on the ASFA federal bill at next the meeting.

ACTION: Ms. Brown and Dr. Albers will discuss how to bring inclusion and how to fix that. Ms. Brown will email it out to the Commission.

Dr. Nora stated she is involved in many task forces, and wanted to thank Dr. Brandenburg for being the super glue for so many entities.

ACTION: Report to the Governor will be sent out to Commissioners for review.

Ms. Brown stated that someone asked about Mojave being the sole source for Medicaid clients.

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Dr. Brandenburg responded that it was coming from a variety of sources. Assemblywoman Sheila Leslie is proposing a separate hearing on Mojave. Social Workers within the system can bill Medicaid, however, Social Workers outside the system cannot. He stated suggested that the Commissioners follow it closely.

MOTION: Dr. Albers made a motion to adjourn. Dr. Nora seconded. Motion carried.

Respectfully submitted,

Ike Cress Recording Secretary